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CONFIRMATION NO. 6532

Bib Data Sheet

SERIAL NUMBER 10/722,336	FILING DATE 11/25/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. CRD0945DIV1
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APPLICANTS

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** CONTINUING DATA ***** *Yes*
 This application is a DIV of 10/163,116 06/05/2002 PAT 6,673,106
 which claims benefit of 60/298,326 06/14/2001

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>W-1-2-3-4</i> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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TITLE
 Intravascular stent device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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